

NORTHEAST VALLEY COALITION AGAINST METHAMPHETAMINE

Coalition Meeting Summary April 26, 2007

I. Welcome & Opening Remarks

Stephanie Kreiling, a Steering Committee member, welcomed participants and thanked them for attending. Stephanie gave an overview of the coalition and its purpose. The current focus is to create new subcommittees and begin implementation of the Coalition's recently completed strategic plan. The power point presentation and the strategic plan are available on the website.

II. Presentation on Treatment Options for Methamphetamine Use

John Hogeboom, Clinical Director, Community Bridges gave an overview of Community Bridges and the programs they offer including two addiction recovery centers, the Center for Hope for homeless, pregnant women with co-occurring disorders, the prevention partnership, the Center for Excellence, which offers meth specific treatment, and community-based treatment services at the day resource center, CASS, and Steele Commons. Community Bridges also recently opened the Arizona Bridge to Recovery, a new private pay or private insurance medical detox program.

Community Bridges sees 5-6 cases meth psychosis cases per week. About 4% of the 3,000 medical detox entries per year are related to meth and they stay a flat three days for detox. There are approximately 19,000 crisis care entries per year.

Community Bridges uses the Matrix and Craft models to treat meth addiction. The matrix model is one of the treatments for stimulant dependence that has empirical support. Though the matrix model was not created specifically for meth, it has been found to be the most effective treatment so far because the model is focused on teaching or instruction, it is repetitive and there are lots of pictures, which is helpful for those with lots of frontal lobe damage. The social consequences of meth use are more dramatic and the users' sense of reward is altered. The matrix model addresses all four components of a person's life disrupted by meth use: behavioral disruption, cognitive disruption, emotional disruption, and family and relationship disruption.

The matrix model also takes into account the stages of withdrawal and recovery from meth. A meth binge can last for 2-14 days of constant meth use without a lot of sleeping or eating happening during this time. The withdrawal period can last up to 15 days. At 45 days, the majority of relapses occur. With the matrix model, treatment intensifies at thirty days to help get through the critical 45 day period when the majority of relapses occur. In addition, anxiety creates a craving. The matrix model creates a lot of structure and focus for the addict to eliminate avoidable stressors that could trigger relapse including where the

addict is living and working. The model puts into practice the one day at a time concept.

The Craft model component of the matrix model deals with treating the family of the addict. Craft means community reintegration and family training. Craft focuses on reducing the loved one's harmful drinking, engaging the loved one in treatment, and improving emotional, physical, and relationship functioning.

The matrix model also uses motivational incentives, continued care, and measurement feedback. Motivational incentives uses positive reinforcements for desired behavior. If the addict receives a clean result on a urinalysis for example, he gets a positive reward. If the test result is not clean, the client meets with staff to determine what caused the relapse.

The meth addict client receives continued care beyond the sixteen weeks of treatment. The continued care is focused on reviewing mitigating new triggering events, continuing with positive reinforcement, and monitoring signs and symptoms. There is continued monitoring of factors such as urges and temptations the client has experienced, the level of the client's concerns of issues in his life, depression symptoms, anxiety symptoms, and the quality of sleep. The client also has a peer support mentor to help with monitoring. Research shows that the longer social supports are available, the more likely a person is to succeed.

The program also partners with the drug court. Every case is handled differently in terms of the specifics of treatment depending on the symptoms.

Michelle Nichols, Hythiam, Inc. administers the use of the ProMeta protocol for drug and alcohol treatment. The protocol includes focusing on the physiological, nutritional, and psychosocial issues and the off label use of three medicines. Ms. Nichols finds providers who can use the protocol in their treatment services. Currently, Community Bridges and Scottsdale Treatment Institute use the ProMeta protocol. Michelle Nichols or Karen Clement at Community Bridges can make a referral.

All of the medications are FDA approved, however, the FDA does not approve the combination. ProMeta is a proprietary protocol founded in Spain in 2000. There are 60 sites nationally using ProMeta including several hospitals in California. There are studies testing ProMeta at several major research institutions. Dr. Ling at UCLA is conducting a double blind study and another study using ProMeta for alcohol treatment is underway at Cedar-Sinai Hospitals. It is not new to use medicines for treatment that were designed for something else. Off label use is also used in psychiatry.

III. Results of Coalition Strategic Planning Effort

Karen Kurtz highlighted the summary of the Coalition's strategic plan included in the handouts. The planning process resulted in the need for three subcommittees to implement the action plans submitted to the Governor's Office for the Phase II grant. Ms. Kurtz explained that the coalition is not focused on the individual user, but on the community as a whole. The purpose of the Arizona Anti-Meth Initiative, of which the coalition is a part, is to create environmental prevention strategies to address the prevalence of meth in the community. Environmental prevention strategies change the environment in which people live to make it easier to do the right thing or harder to do the wrong thing.

The Coalition is creating the following subcommittees:

- The crime prevention subcommittee will create ways to make it harder for people to commit identity theft, fraud, and burglary in coalition communities. The strategy is to educate the public on how these crimes help meth users continue to finance their drug use and what the average resident can do to prevent these crimes.
- The youth subcommittee will educate parents and middle and high school students about meth use and the prevalence in coalition schools. The average age of meth users in coalition communities is younger than the Arizona and national averages.
- The resource subcommittee will create a comprehensive directory of treatment and education resources and make it easily accessible to the community. The needs assessment process showed that families of meth users, community members, and meth users themselves often did not know where to go for help.

Three areas of the room were designated for the three subcommittees. Participants were asked to choose a subcommittee where they had a strong interest in the topic matter and introduce themselves to the others interested in the same subcommittee. Participants were also asked to complete the form on the back of the agenda indicating which subcommittee they wanted to join and give their contact information. Subcommittee chairpersons would be chosen at the steering committee meeting and those interested in joining a subcommittee would be contacted about the date, time and location of the first meeting.

IV. Coalition Business

Brent Stockwell announced that the date of the next coalition meeting would be announced after the steering committee met and adopted a meeting calendar for the upcoming year. With the start of subcommittee work, the general coalition meetings would change to quarterly community workshops. A schedule will be posted to the website.